


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90050 013 ****61.25

DOCUMENT # 723554
 1. Entity Name
FIVE TOWNS OF ST. PETERSBURG, NO. 300, INC.



Principal Place of Business Mailing Address
5530 80TH STREET NORTH **8141 54TH AVENUE NORTH**
SUITE B106 **ST. PETERSBURG, FL 33709** **US**
ST. PETERSBURG, FL 33709 **US**

50017238



DO NOT WRITE IN THIS SPACE

01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1979333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
FOLEY, SEAN M
8141 54TH AVE. N.
SAINT PETERSBURG, FL 33709

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LACY, ANN 5530 80TH ST. N. #C307 SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRA, SHIRLEY 5530 80TH ST. N. #A105 SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGHEE, MARY LOU 5530 80TH STREET N., #A108 ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATUNES, MANUEL 5530 80TH ST. N. #B105 SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRA, CHRIS 5530 80TH STREET N., #A105 ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFREY SWEENEY 5530 80th STREET N. #B203 ST PETERSBURG FL 33709

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Lou McGhee 2/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #